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Atty Docket No. 021110-000200US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Ojo O. Oyebisi

Group Art Unit 3628

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CERTIFICATION OF FACSIMILE TRANSMISSION

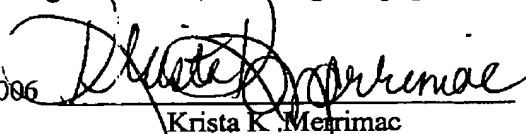
I hereby certify that the following documents in re Application of Karim Maskatiya et al., Application No. 09/910,462, filed July 20, 2001 for DATA GATHERING AT DELIVERY OF GOODS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. SB/21 Transmittal (1 page)
2. SB/22 Petition to Extend Time (in duplicate) (2 pages)
3. Amendment (8 pages)
4. Declaration (2 pages)

Number of pages being transmitted, including this page: 14

Dated: July 12, 2006


Krista K. Merrimac

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PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/910,462	
	Filing Date	July 20, 2001	
	First Named Inventor	Maskatiya, Karim	
	Art Unit	3628	
	Examiner Name	Ojo O. Oyebisi	
Total Number of Pages in This Submission	14	Attorney Docket Number	021110-000200US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration, Facsimile Transmittal
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Jason D. Loh		
Date	July 12, 2006	Reg. No.	48,163

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